PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0332
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PATENT APPLICATION FEE DETERMINATION RECOR							Application or Docket Number				
TAILINI AFFLICATION FEE DETERMINATION RECORD						09909837					
									OTHER T	HAN	
CLAIMS AS FILED - PART I (Column I) (Column 2)						SMALL I	ENTITY	OR	SMALL E		
FOR NUMBER FILED NUMBER EXTRA						RATE	FEE	1	RATE	FEE	
30					370						
BASIC FEE ()7 CFR 1.16(a))				- 1	100	s	OR		s		
TOTAL CLAIMS					x \$ <u>C </u> =	144	OR	x\$ =			
INDEPENDENT CLAIMS minus 3 = *					× 40=	 	OR	X =			
(J7 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (J7 CFR 1.16(d))						+ 135=	 				
							514	OR	+=		
If the difference in column 1 is less then zero, enter "0" in column 2						TOTAL	217	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL I	ENTITY	OR	OTHER T		
AMENDMENT A		CLAIMS		HIGHEST			ADDI-			ADDI-	
	\$ 100 miles	REMAINING		NUMBER	PRESENT	RATE	TIONAL		RATE	TIONAL	
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	1	FEE			FEE	
	Total (37 CFR 1.16(c))	•	Minus	++	=	x \$=		OR	x \$=		
	Independent	•	Minus	***	=	x =		OR	x =		
	(37 CFR 1.16(b))	mmarion or M	LU TINI E DE	DENDENT CLAIM	(37 CFR 1.16(d))			OR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))						<u> </u>		OR	+=		
		(Column 1)		(Column 2)	(Column 3)	TOTAL ADDIT. FEE	<u> </u>	OR A	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS		HIGHEST			ADDI-			ADDI-	
		REMAINING		NUMBER	PRESENT	RATE	TIONAL		RATE	TIONAL	
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		FEE			FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		or	x \$=		
	Independent	*	Minus	***	=	x =		OR	x =		
	(37 CFR 1.16(b))	L		<u> </u>	<u> </u>	-		OR			
	FIRST PRES	ENTATION OF M	OUTTPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))	=======================================	·	OR	*=		
(Column 1) (Column 2) (Column 3)						ADDIT, FEE		OR A	TOTAL DDIT. FEE		
ΓC		CLAIMS		HIGHEST			ADDI-			ADDI-	
		REMAINING		NUMBER	PRESENT	RATE	TIONAL		RATE	TIONAL	
艺		AFTER		PREVIOUSLY	EXTRA		FEE			FEE	
AMENDMENT	Total	AMENDMENT *	to see	PAID FOR		 		OR			
	Total (37 CFR 1.16(e))	_	Minus	**	=	x \$=		OR	× \$ =		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =		OR	x=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+=		OR	+=		
				2		TOTAL		OR	TOTAL		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE ADDIT. FEE											
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.